5020162576

FE5AN018

ة المؤجرة

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC MEDICARDS

15 APR 20 FM 5: 43

1. NAME COMM	OF ITTEE (in full)	TYPE OR PRINT ▼		cample: If typin	g, type	12FE4M5	and the state of t
D. J. SMITH FAR U. S. SENATE							
ADDRESS ((number and street)	$\rho_{1}Q_{1}B_{0}$	2x 159	1/	1111		
Check if different							
than previously reported. (ACC) Sipirim G Hill LL							
2. FEC II	DENTIFICATION N	IUMBER ▼	CITY	·		STATE A	ZIP CODE
C	05.6.5.8	0 4 3.	IS THIS	X NEW		AMENDED	STATE ▼ DISTRICT
	20.0.6,2.8		REPORT	(N)	OR	(A)	
	OF REPORT (Courterly Reports: April 15 Quarterly	Report (Q1)	12-Day PRE	E-Election Repo Primary (12P) Convention (1		General (12G) Special (12S)	Runoff (12R)
	July 15 Quarterly	Report (Q2)		M M 4	D D S	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	in the
	October 15 Quarte	erly Report (Q3)	Election on				State of
	January 31 Year-E	nd Report (YE) (c)	30-Day POS	T-Election Rep	ort for the:		
	Termination Repor	t (TER)	Election on	General (30G	page M	Runoff (30R)	Special (30S) in the State of
5. Covering Period 0,1 0,1 20,15 through 0,3 3,7 20,15							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer							
Signature of Treasurer Signature of Treasurer Date Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
	ffice Use Only					F	FEC FORM 3 (Revised 02/2003)